

****NQF-ENDORSED VOLUNTARY CONSENSUS STANDARDS FOR HOSPITAL CARE****

Measure Information Form

Measure Set: Acute Myocardial Infarction

Set Measure ID#: AMI-2

Performance Measure Name: Aspirin Prescribed at Discharge

Description: Acute myocardial infarction (AMI) patients without aspirin contraindications who are prescribed aspirin at hospital discharge.

Rationale: Aspirin therapy in patients who have suffered an acute myocardial infarction reduces the risk of adverse events and mortality. Studies have demonstrated that aspirin can reduce this risk by 20% (Antiplatelet Trialists' Collaboration, 1994). National guidelines strongly recommend long-term aspirin for the secondary prevention of subsequent cardiovascular events in patients discharged after AMI. (Braunwald, 2000 and Ryan, 1999). Despite these recommendations, aspirin remains underutilized in older patients discharged after AMI (Jencks, 2000).

Type of Measure: Process

Improvement Noted As: An increase in the rate

Numerator Statement: AMI patients who are prescribed aspirin at hospital discharge

Included Populations: Not Applicable

Excluded Populations: None

Data Elements:

Aspirin Prescribed at Discharge

Denominator Statement: AMI patients without aspirin contraindications

Included Populations: Discharges with an *ICD-9-CM Principal Diagnosis Code* for AMI as defined in Appendix A, Table 1.1

Excluded Populations:

- Patients less than 18 years of age
- Patients transferred to another acute care hospital or federal hospital
- Patients who expired
- Patients who left against medical advice
- Patients discharged to hospice
- Patients with one or more of the following aspirin contraindications/reasons for not prescribing aspirin documented in the medical record:
 - Aspirin allergy
 - Active bleeding on arrival or during hospital stay
 - Coumadin/warfarin prescribed at discharge
 - Other reasons documented by a physician, nurse practitioner, or physician assistant for not prescribing aspirin at discharge

Data Elements:

- *Admission Date*
- *Birthdate*
- *Contraindication to Aspirin at Discharge*
- *Discharge Status*
- *ICD-9-CM Principal Diagnosis Code*

Risk Adjustment: No

Data Collection Approach: Retrospective data sources for required data elements include administrative data and medical records.

Data Accuracy: Variation may exist in the assignment of ICD-9-CM codes; therefore, coding practices may require evaluation to ensure consistency.

Measure Analysis Suggestions: None

Sampling: Yes, for additional information see the Sampling section

Data Reported As: Aggregate rate generated from count data reported as a proportion

Selected References:

- Antiplatelet Trialists' Collaboration. Collaborative overview of randomised trials of antiplatelet therapy - I: prevention of death, myocardial infarction, and stroke by prolonged antiplatelet therapy in various categories of patients. *BMJ*. 1994;308:81-106.
- Braunwald E, Antman EM, Beasley JW, Califf RM, Cheitlin MD, Hochman JS, Jones RH, Kereiakes D, Kupersmith J, Levin TN, Pepine CJ, Schaeffer JW, Smith EE III, Steward DE, Theroux P. ACC/AHA guidelines for the management of patients with unstable angina and non-ST-segment elevation myocardial infarction: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Committee on the Management of Patients with Unstable Angina). *J Am Coll Cardiol* 2000;36:970-1062.

Available at <http://www.acc.org> and <http://www.americanheart.org>.

- Jencks SJ, Cuerdon T, Burwen DR, Fleming B, Houck PM, Kussmaul AE, Nilasena DS, Ordin DL, Arday DR. Quality of medical care delivered to Medicare beneficiaries: a profile at state and national levels. *JAMA*. 2000;284:1670-1676.
- Ryan TJ, Antman EM, Brooks NH, Califf RM, Hillis LD, Hiratzka LF, Rapaport E, Riegel B, Russell RO, Smith EE III, Weaver WD. 1999 update: ACC/AHA guidelines for the management of patients with acute myocardial infarction: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Committee on Management of Acute Myocardial Infarction). *J Am Coll Cardiol* 1999;34:890-911. Available at <http://www.acc.org> and <http://www.americanheart.org>.
- Ryan, TJ, Anderson, JL, Antman, EM, Braniff, BA, Brooks NH, Califf, RM, Hillis LD, Hiratzka L F, Rapaport E, Riegel BJ, Russell RO, Smith EE III, Weaver WD. ACC/AHA guidelines for the management of patients with acute myocardial infarction: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Committee on Management of Acute Myocardial Infarction). *J Am Coll Cardiol* 1996;28:1328-1428. Available at <http://www.acc.org> and <http://www.americanheart.org>.
- Smith SC Jr, Blair SN, Bonow RO, Brass LM, Cerqueira MD, Dracup K, Fuster V, Gotto A, Grundy SM, Miller NH, Jacobs A, Jones D, Krauss RM, Mosca L, Ockene I, Pasternak RC, Pearson T, Pfeffer MA, Starke RD, Taubert KA. AHA/ACC guidelines for preventing heart attack and death in patients with atherosclerotic cardiovascular disease: 2001 update. A statement for healthcare professionals from the American Heart Association and the American College of Cardiology. *Circulation*. 2001;104:1577-79. Available at <http://www.acc.org> and <http://www.americanheart.org>.

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